

HCPF Data Entry Guidance for Incarcerated Individuals

March 2014

Purpose of Data Entry Guide

This document provides data entry guidance for processing applications for inmates in two scenarios.

Scenario 1, page 3: Inmates hospitalized 24 hours or more – This section will provide data entry guidance to process applications for inmates that are hospitalized for 24 hours or more. Policy guidance can be found within the agency letter “HCPF 14-006 Medicaid Policy for Incarcerated or Inmates in a Correctional Facility” found at Colorado.gov/hcpf > Home > Partners & Researchers > County and Medical Assistance Site > Agency Letters.

Within scenario 1, there are two steps provided:

- **Step 1**, page 3: Guidance for processing and approving applications for inmates who are hospitalized 24 hours or more
- **Step 2**, page 31: Guidance for discontinuing and closing applications for inmates once they are discharged from the hospital.

Scenario 2, page 34: Future Parolees – This section will provide data entry guidance to process applications for inmates that are being paroled within the next 60 days.

Scenario 1: Hospitalized Inmates

Step 1 – Approval

This section outlines data entry guidance to approve medical assistance for inmates that have been hospitalized for 24 hours or more.

- Application date = date received unless retro is requested
- Type = Initial/New
- Source = Select appropriate source
- Enter: Last Name, First Name, Middle Name, Gender, DOB, SSN and Language for offender
- Contact Information = Use either case manager information if inmate has one or use individual's information

Applicant Information

Application

*Date: 03/01/2014 *Type: Initial/New Input Date: 03/04/2014

*Source: Department of Correction Location: MEDICAL ASSISTANCE SITES/MA

Applicant Details

*Last Name: Doe *First Name: John Middle Name: Suffix:

*Gender: Male DOB: 07/01/1984 SSN: 880-11-1234

Language

*Primary: English *Written: English Interpreter: Yes No

Contact Information

Primary: 719 226 4504 x Type: Work Secondary: Type:

E-mail Address: case.manager@state.co.us

- Complete the Ethnicity information

Use Correctional Facility Address for Home and Mailing Address fields

The screenshot shows the 'Applicant Information' form with the 'Home Address' section active. It includes radio buttons for 'Is The Applicant Homeless?' and 'Is The Applicant's Home Address Permanent?'. Below these are address type options: 'Delivery Address' (selected), 'Rural Route Address', 'PO Box Address', and 'General Delivery Address'. The 'Address Information' section contains fields for Number (2862), Suffix (Drive), Unit #, City (Colorado Springs), County, Pre (South), Post, Rural Route #, State (Colorado), In Care Of, Street Name (Circle), Unit Type, PO Box, and Zip (80906-4195).

- Select YES for 'Mailing Address Same as Home Address'
- **Optional** --- In the 'In Care Of' field- Add Correctional Facility Inmate number if available

The screenshot shows the 'Applicant Information' form with the 'Mailing Address' section active. It includes radio buttons for 'Mailing Address Same as Home Address:' (selected) and 'County Office used as Mailing Address:'. There is an 'Office:' dropdown menu. Below these are address type options: 'Delivery Address' (selected), 'Rural Route Address', 'PO Box Address', and 'General Delivery Address'. The 'Address Information' section contains fields for Number (2862), Suffix (Drive), Unit #, City (Colorado Springs), County, Pre (South), Post, Rural Route #, State (Colorado), In Care Of (CDOC #123456, highlighted with a red arrow), Street Name (Circle), Unit Type, PO Box, and Zip (80906-4195). An 'Address Clearance' button is at the bottom right.

- Follow the current clearance process to assign/create Client ID and State ID or select existing Client ID and State ID

Household Members \$ ★ ? ↻ 🔍 🗨️ 🖨️

7355150 – Doe, John (Unsigned,03/01/2014)

Summary

Name	SSN	DOB	Gender	Client ID	State ID
Doe, John	880-11-1234	07/01/1984	Male		

Detail + Add ↻

***Last Name:** ***First Name:** **Middle Name:** **Suffix:**

***Gender:** **DOB:** **SSN:**

Non-citizen Status: **Non-Citizen #:**

***Requesting Aid:** ☒ Yes ☐ No ***In the Home:** ☒ Yes ☐ No **Worker Protection Issue:** ☐ Yes ☐ No

Client ID: **State ID:**

➔
Clearance
Request State ID
⏪ 🗨️ ⏩

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- Select Medical Assistance only

The screenshot shows a web application window titled "Programs Requested" for user "7355150 – Doe, John (Unsigned,03/01/2014)". The window has a toolbar with icons for currency, star, document, help, refresh, search, and print. Below the title bar, there is a section titled "Programs Requested" containing a list of checkboxes. The "Medical Assistance" checkbox is checked, while all other checkboxes are unchecked. The bottom of the window features a standard Mac OS X dock with three application icons.

Programs Requested		
<input type="checkbox"/> Adult Financial Assistance	<input type="checkbox"/> Adult Protective Services	<input type="checkbox"/> Colorado Works
<input type="checkbox"/> Disaster Food Stamps	<input type="checkbox"/> Family Preservation	<input type="checkbox"/> Food Stamps
<input checked="" type="checkbox"/> Medical Assistance	<input type="checkbox"/> NonMonetary Services	<input type="checkbox"/> Presumptive Eligible Medical

- Do not select anything in 'Special Indicators' page.

- Complete 'Application Status' page with date signed information

Application Status
7355150 – Doe, John (Unsigned,03/01/2014)

Status

* **Application Signature Status:**
☒ Signed
☐ Unsigned
☐ Refuse to Sign
☐ Signature on File
☐ Signature not Required

* **Signed Date:** 03/04/2014

Case Number:

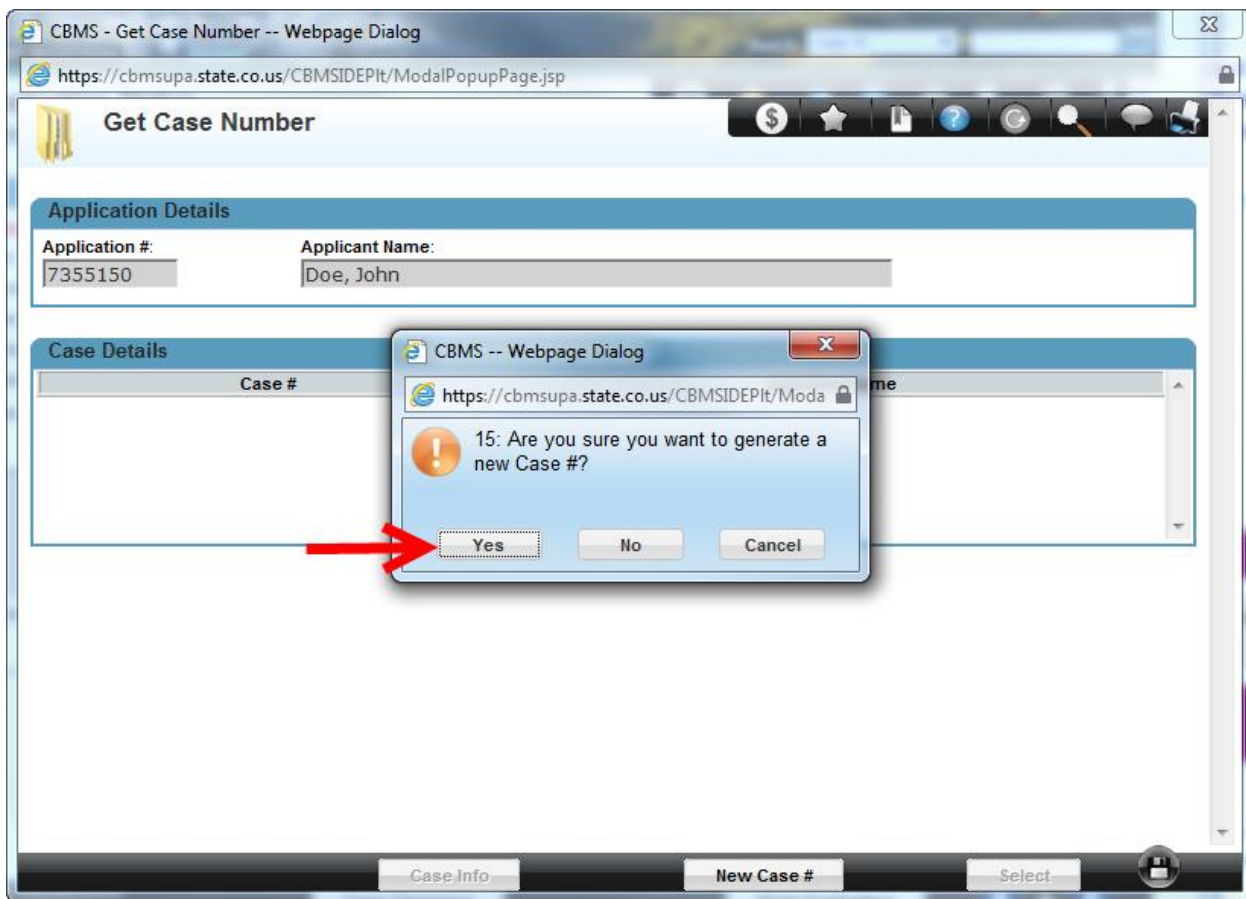
Application Comments:

Current Size = 0 characters (256 characters max.)


Case Clearance **Print Application**


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- Select Case Clearance- Create a new case.



- Continue to Interactive Interview.

**Application Wrap Up**



7355150 – Doe, John (Signed,03/01/2014)

Summary

Program Group	Program Status	Due Date
Medical Assistance	Pending	04/15/2014


MSIDEPlt/LoginServlet#

Adult Protective Services

Authorized Rep

Case Assignment

Interactive Interview



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Initiate Queue

1B8DMF7 – Doe, John (Pending-03/01/2014, Alerts-0) – [Programs](#)



Case Mode:

- ☒ Intake
- ☐ Redetermination
- ☐ Periodic Reporting

Initiate Queue

☒ Medical Assistance




Initiate Queue



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Version :PRD41.0.32

- **Do not** select anything on the 'Case Questions' page unless the client is requesting retro coverage. If retro is requested, complete 'medical expenses' page.
- **Do not unselect** anything that was previously selected within 'Case Questions' page. End date records if applicable.


Case Questions

1B8DMF7 – Doe, John (Pending-03/01/2014, Alerts-0) – [Programs](#)

Questions

Is anybody in the case

☐ Pregnant

☐ Homeless

☐ Attending School

☐ Veteran or Dependents of a Veteran

☐ On strike

☐ In the military

☐ Been involved in an accident

☐ A fleeing felon or parole/probation violator

Does anybody have / received / need

☐ Absent/Deceased Parent

☐ Other Health Care Coverage

☐ Medical Condition/Disability

☐ Authorized Representative

☐ Sanctions/Non Compliance

☐ Sponsor

☐ Hardship

Financials

Does anybody own or has anybody disposed of resources:

☐ Yes ☒ No

Does anybody have income:

☐ Yes ☒ No

Does anybody have expenses:

☐ Yes ☒ No

Does the household have shelter expenses:

☐ Yes ☒ No

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Version :PRD41.0.32

- Complete 'Case Information' page
- 'Whereabouts Unknown' = no

Case Information
1B8DMF7 – Doe, John (Pending-03/01/2014, Alerts-0) – [Programs](#)

Case Information

*Effective Begin Date: 12/01/2013 Effective End Date: MM/DD/YYYY

Case Name

*Last: Doe *First: John Middle: Suffix:

*Head Of Household: xxzzDoe, zzJohn 29 880-11-12 *Applicant Name: xxzzDoe, zzJohn 29 880-11-12

Language

*Primary: English *Written: English

Telephone

Primary: 719 226 4504 x Type: Work Secondary: x Type:

Address Information

*Whereabouts Unknown: ☐ Yes ☒ No Reason:

*Designated Case Addressee: E-mail:

Record saved successfully

CBMS - UPA Version :PRD41.0.32 Payee Details

- Effective begin date= application date or retro date
- Birth Information- Verification = received
- Birth Information- Source = client statement (unless birth certificate or other acceptable doc was provided)

Individual Demographics

1B8DMF7 – Doe, John (Pending-03/01/2014, Alerts-0) – [Programs](#)

Effective Begin Date	Effective End Date	Last Name	First Name	SSN	State ID
12/01/2013		xxzzDoe	zzJohn	880-11-1234	O503858

Detail ➕ Add *

*Effective Begin Date: 12/01/2013 📅 Effective End Date: MM/DD/YYYY *FA Use Month: 03/2014

Name

*Last: xxzzDoe *First: zzJohn Middle: Suffix: ⌵

*Gender: Male ⌵ Homeless: ☐ Yes ☒ No

Birth Information

State: ⌵ County: ⌵

*Date: 07/01/1984 📅 Issue Date: MM/DD/YYYY 📅 *Verification: Received. ⌵ *Source: Client Statement ⌵

Clearance Address Prior Aid Identification Special Indicator SSI DRA 🔍 📄 🔄

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- Citizenship Verified By-
- US Citizen= Yes (unless noted otherwise)
- Status= US Born (unless notes otherwise)
- Verification= received
- Source= client statement (unless birth certificate or other acceptable verification is provided)
- Acceptable Doc= **NO**
- Save the record.

Individual Demographics

1B8DMF7 – Doe, John (Pending-03/01/2014, Alerts-0) – [Programs](#)

SSN Details

SSN: 880-11-1234

*Verification: Received.

*Source: Client Statement

Applied: ☐ Yes ☐ No

Application Date: MM/DD/YYYY

Verification:

Source:

Attempted to Obtain: ☐ Yes ☐ No

Verification:

Source:

Good Cause Date: MM/DD/YYYY

Reason for not attempting to obtain SSN:

Citizenship Verified By

*US Citizen: Yes

*Status: US Born

*Verification: Received.

*Source: Client Statement

Qualified Non-Citizen: ☐ Yes ☐ No

Non Citizen

*Acceptable Doc: ☐ Yes ☒ No

Confirmation: ☐ Yes ☐ No

Clearance: Address Prior Aid Identification Special Indicator SSI DRA

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- Complete 'Address' tab in 'Individual Demographics'

CBMS - Individual Address Details -- Webpage Dialog

https://cbmsupa.state.co.us/CBMSIDEPIt/ModalPopupPage.jsp

Individual Address Details

1B8DMF7 – xxzzDoe, zzJohn (Pending-03/01/2014, Alerts-0) – [Programs](#)

Effective Begin Date	Effective End Date	Type	Verification	Source
12/01/2013		Home Address	Received.	Client Statement
12/01/2013		Mailing Address	Received.	Client Statement

Detail + Add *

*Effective Begin Date: Effective End Date:

*Type: Office:

*Verification: *Source:

Same as Home Address: ☐ Yes ☐ No Is This A Permanent Address: ☐ Yes ☐ No Known Fraudulent Address: ☐ Yes ☐ No

Address

☐ Primary Address ☐ Dual Dwelt Address ☐ DN Rev Address ☐ General Delivery Address

- Complete the 'Identification' page using the data entry example below
- Select 'Check DMV'
- If 'DMV' did not update the record, and verification of identity is not provided, leave as 'client statement'


CBMS - Identification Details -- Webpage Dialog

https://cbmsupa.state.co.us/CBMSIDEPlt/ModalPopupPage.jsp

Identification Details

1B8DMF7 - xxzzDoe, zzJohn (Pending-03/01/2014, Alerts-0) - [Programs](#)

Detail Add *

* Effective Begin Date: 12/01/2013	Effective End Date: MM/DD/YYYY	CW Use Month: 12/2013
* Identification: <input checked="" type="radio"/> Yes <input type="radio"/> No	Photo: <input type="radio"/> Yes <input checked="" type="radio"/> No	
* Identification Type: Client Statement	* Acceptable Doc: <input type="radio"/> Yes <input checked="" type="radio"/> No	
* Issuing Agency: Colorado	ID Issue Date: MM/DD/YYYY	ID Expiration Date: MM/DD/YYYY
Driver's License/ID#: <input type="text"/>		
Check DMV 		
* Verification: Received	* Source: Client Statement	Reason for not providing ID: <input type="text"/>

Identity Verified By

Eligibility Site: MEDICAL ASSISTANCE	Name: <input type="text"/>
* Date Reported: 03/01/2014	* Date Verified: 03/01/2014
	Good Cause Reason: <input type="text"/>

- Complete the 'Ethnicity' Page

Ethnicity

1B8DMF7 – xxzzDoe, zzJohn (Pending-03/01/2014, Alerts-0) – [Programs](#)

* Name:

xxzzDoe, zzJohn 29 880-11-1234 4694540

Ethnicity

☐ American Indian/Alaskan Native
☐ Asian
☐ Black/African American

☐ Hispanic/Latino
☐ Native Hawaiian/Other Pac Isl

☒ Other/Unknown
☐ White

American Indian/Alaskan Native Detail

Member of a Federally Recognized Tribe:

☐ Yes
☐ No

Tribe Name:

Tribe State:

Eligible to receive health services at an I/T/U:

☐ Yes
☐ No

Has received health services at an I/T/U:

☐ Yes
☐ No

Verification:

Source:

CBMS - UPA

Version: PRD41 0 32

HCPF Data entry for Incarcerated Individuals
Version 1.0
Release Date: March 2014

Page 17

- Complete the top portion of 'Case Individual'
- Effective begin date= application date or retro date
- Request date should match application or retro date
- Reason= Needs Medical Assistance
- Requesting Assistance= Yes

Case Individual

1B8DMF7 – xxzzDoe, zzJohn (Pending-03/01/2014, Alerts-0) – [Programs](#)

Effective Begin Date	Effective End Date	Program Group	Request Date	Requesting	Ancillary Member
12/01/2013		Medical Assistance	03/01/2014	Yes	

Program Requested Detail

*** Effective Begin Date:**
12/01/2013

Effective End Date:
MM/DD/YYYY

*** FA Use Month:**
12/2013

CW Use Month:
12/2013

Program Group:
Medical Assistance

*** Request Date:**
12/01/2013

*** Reason:**
Needs Medical Assista

*** Requesting Assistance:**
☒ Yes ☐ No

*** Ancillary Member:**
☐ Yes ☒ No

Medicaid Buy-In Opt In:
☐ Yes ☐ No

ELE:
☐ Yes ☐ No

ELE Opt In:
☐ Yes ☐ No

ELE Opt In Date:
MM/DD/YYYY

Benchmark Opt Out:
☐ Yes ☒ No

*** Date Reported:**
03/01/2014

Good Cause Reason:

CBMS - UPA
Version :PRD41.0.32

- Complete the bottom portion of 'Case Individual'
- Effective begin date= application date or retro date
- In home= Yes
- Verification= Received
- Source= Prisons
- 50%= Yes
- All Tax payer/filing questions= No

Case Individual
1B8DMF7 – xxzzDoe, zzJohn (Pending-03/01/2014, Alerts-0) – [Programs](#)

*Effective Begin Date: 12/01/2013		Effective End Date: MM/DD/YYYY
*FA Use Month: 12/2013		CW Use Month: 12/2013
*In Home: <input checked="" type="radio"/> Yes <input type="radio"/> No	*Verification (In Home): Received.	*Source (In Home): Prisons
Temporary Absence: <input type="radio"/> Yes <input type="radio"/> No	Reason for Absence: [Dropdown]	FA Start Month: MM/YYYY
Verification (Temporary Absence): [Dropdown]	Source (Temporary Absence): [Dropdown]	CW Start Month: MM/YYYY
Indian Commodity: <input type="radio"/> Yes <input type="radio"/> No	Indian Commodity Received Date: MM/DD/YYYY	
*This person receives at least 50% support from the household: <input checked="" type="radio"/> Yes <input type="radio"/> No	Applied for CW Elsewhere: <input type="radio"/> Yes <input type="radio"/> No	
Tax Payer: <input type="radio"/> Yes <input checked="" type="radio"/> No	Expects to be claimed as a tax dependent on someone else's tax return: <input type="radio"/> Yes <input checked="" type="radio"/> No	Living with both parents, but parents do not expect to file a joint return: <input type="radio"/> Yes <input checked="" type="radio"/> No
Expects to be claimed by a non-custodial parent?: <input type="radio"/> Yes <input checked="" type="radio"/> No		
*Date Reported: 03/01/2014	*Date Verified: 03/01/2014	Good Cause Reason: [Dropdown]

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- Complete the 'Retro' Page- when retro is requested

Retro Information
1B8DMF7 – Doe, John (Pending-03/01/2014, Alerts-0) – [Programs](#)

Retro Programs Available

Application Date	Program Group
03/01/2014	Medical Assistance


Retro Summary









Month/Year	Program Group
* Month/Year: MM/YYYY	* Program Group: <input type="text"/>

Retro Detail + Add

CBMS - UPA Version :PRD41.0.32 Next Page

- Complete 'Individual Attributes' Page
- Effective being date= application date or retro date
- Job attached = no
- Living arrangement= Hospital
- Verification= received
- Source= Written


Individual Attributes

1B8DMF7 – Doe, John (Pending-03/01/2014, Alerts-0) – [Programs](#)

***Effective Begin Date:**
12/01/2013 

Effective End Date:
MM/DD/YYYY

FA Use Month:
MM/YYYY

CW Use Month:
MM/YYYY

Job Attached:
☐ Yes ☒ No

Refused Work/Training:
☐ Yes ☐ No

Reason:

Migrant/Seasonal Farm Worker:
☐ Yes ☐ No

Minor Applicant

Emancipated:
☐ Yes ☐ No

Reason:

Date Emancipated:
MM/DD/YYYY

Verification:

Source:

Living Arrangement

Living with Relative:
☐ Yes ☐ No

Housing Situation:

Verification (Housing Situation):

Source (Housing Situation):

Living Arrangement:
Hospital

***Verification (Living Arrangement):**
Received.

***Source (Living Arrangement):**
Written

CBMS - UPA

Version :PRD41.0.32

- Complete 'Individual Residency' page
- Effective begin date= application date or retro date
- CO Resident= yes
- County of Residence
- Date reported= application date

Individual Residency
1B8DMF7 – Doe, John (Pending-03/01/2014, Alerts-0) – [Programs](#)

Detail Add *

*** Name:**
xxzzDoe, zzJohn 29 880-11-12

*** Effective Begin Date:** 12/01/2013 Effective End Date: MM/DD/YYYY

*** FA Use Month:** 12/2013 CW Use Month: 12/2013

*** CO Resident:** ☒ Yes ☐ No * County of Residence: EL PASO

Date Arrived in State: MM/DD/YYYY Date Arrived in County: MM/DD/YYYY

Planning to Leave CO for More than 30 days: ☐ Yes ☐ No

Out of State

Departure Date: MM/DD/YYYY Expected Return Date: MM/DD/YYYY

Actual Return Date: MM/DD/YYYY Reason:

Verification: Out of Country: ☐ Yes ☐ No

*** Date Reported:** 03/01/2014 Source:

Date Verified: MM/DD/YYYY Good Cause Reason:

CBMS - UPA Version :PRD41.0.32

- Do not complete LTC Institution or LTC Level of Care pages unless applicable.
- Ensure you do not have any data conflicts
- Complete 'Case Wrap Up' page
- Save Record and run EDBC

Case Wrap Up
1B8DMF7 – Doe, John (Pending-03/01/2014, Alerts-0) – [Programs](#)

Signatures

*** Signed Statement of Facts:**
☒ Yes ☐ No
*** Date Signed:** 03/01/2014
 Print SOF

*** Signed Rights and Responsibilities:**
☒ Yes ☐ No
*** Date Signed:** 03/01/2014

Signed Estate Recovery Agreement:
☐ Yes ☐ No
Date Signed: MM/DD/YYYY

Case Wrap Up Summary

Program Group	Data Entry Complete	Effective Begin Date
Medical Assistance	Yes	03/06/2014

Case Wrap Up Detail

*** Effective Begin Date:** 03/06/2014
*** Program Group:** Medical Assistance
*** Data Entry Complete:** ☒ Yes ☐ No

Record saved success
 VMSIDEpit/LoginServlet#2 [RRR Checklist](#) [Medical Verifications](#) [Run EF/WFD Referral](#) [Data Conflicts](#) [Additional Information](#) [Save Page](#)

Version : PRD41.0.32 CBMS - UPA

- Run EDBC

Run EDBC

1B8DMF7 – Doe, John (Pending-03/01/2014, Alerts-0) – [Programs](#)

Case Data Changes

Sele	Change Effective Dates	Window Name/Program ID	Update User/Program ID	Update Datetime
<input type="checkbox"/>	12/01/2013	Individual Attributes	LaCombe, Antoinette L	03/06/2014 03:13 PM
<input type="checkbox"/>	03/06/2014	Case Wrap Up	LaCombe, Antoinette L	03/06/2014 03:17 PM
<input type="checkbox"/>	03/01/2014	Case Wrap Up	LaCombe, Antoinette L	03/06/2014 03:17 PM
<input type="checkbox"/>	03/06/2014	Case Wrap Up	LaCombe, Antoinette L	03/06/2014 03:17 PM
<input type="checkbox"/>	12/01/2013	Case Information	LaCombe, Antoinette L	03/06/2014 02:18 PM
<input type="checkbox"/>	12/01/2013	Case Individual	LaCombe, Antoinette L	03/06/2014 03:00 PM
<input type="checkbox"/>	12/01/2013	Case Individual	LaCombe, Antoinette L	03/06/2014 03:00 PM
<input type="checkbox"/>	12/01/2013	Individual Address Details	LaCombe, Antoinette L	03/06/2014 02:27 PM
<input type="checkbox"/>	12/01/2013	Individual Address Details	LaCombe, Antoinette L	03/06/2014 02:27 PM

Select All

Initiate Case Changes Queue

Run EDBC

Earliest EDBC Begin Month:

03/2014

EDBC End Month:

04/2014

FS Run Date:

MM/DD/YYYY

Default EDBC Begin Month:

03/2014

Cash Run Date:

MM/DD/YYYY

Run EDBC

CBMS - UPA

Version: PRD41 0.32

- Client should be passing for month of hospitalization
- Check 'verification checklist' – add notes if verification checklist is being submitted
- Select 'Initiate Wrap Up'

Display Eligibility Summary
1B8DMF7 – Doe, John (Pending-03/01/2014, Alerts-0) – [Programs](#)

Page Actions

*Case #: 1B8DMF7 *From Date: 03/2014 To Date: 04/2014 **Load**

Summary

Program Group	Payment Month	Eligibility Status	Benefit Amount	Adverse Action Amount	Household Size	Eligibility Begin Date	Application Date
Medical Assistance	2014/03	PASS			1	03/01/2014	03/01/2014
Medical Assistance	2014/04	PASS			1	03/01/2014	03/01/2014

Reason **Verification Checklist** **Initiate Wrap up** **Individual Details**

CBMS - UPA Version :PRD41.0.32

- Select 'All' under display
- Start Queue

Initiate Wrap Up
1B8DMF7 – Doe, John (Pending-03/01/2014, Alerts-0) – [Programs](#)

Page Actions

Display


Display:
☒ All ☐ Selected


Summary

Select	Screen Name
<input type="checkbox"/>	Display Individual Eligibility Summary
<input type="checkbox"/>	Display Non-Financial Eligibility Summary
<input type="checkbox"/>	Display Medical Financial Eligibility Program List
<input type="checkbox"/>	Authorize Eligibility Program Benefit

Start Queue

- Client should be passing MAGI Adult
 - If client is a child or pregnant woman, they would pass for those programs accordingly


Display Individual Eligibility Summary
1B8DMF7 – Doe, John (Pending-03/01/2014, Alerts-0) – [Programs](#)


Page Actions

Payment Month:

Medical Assistance

Summary

Individual	Participation Status	Eligibility Result	Begin Date	Program	Limited to EMS	Fundi Sour
xxzDoe, zzJohn 29 880-11-	Eligible	PASS	03/01/2014	MAGI Adult		

Companion Cases
Reason

- Select 'Details' and verify that client does not have income counting in wrap up. The individual should be listed as a HH of one, Non- Tax Filer, with zero income or resources.

Display Medical Financial Eligibility Program List
1B8DMF7 – xxzzDoe, zzJohn (Pending-03/01/2014, Alerts-0) – [Programs](#)

Page Actions

Payment Month:

Summary


Program	Category	MBU #	Target Individual
MAGI Adult	Adult	01	xxzzDoe, zzJohn 29 880-11-









MBU Participation Summary


MBU Member	Participation Status
xxzzDoe, zzJohn 29 880-11-1234 4694540	Eligible Adult

Detail

- Authorize Medical Assistance


Authorize Eligibility Program Benefit
 1B8DMF7 – Doe, John (Pending-03/01/2014, Alerts-0) – [Programs](#)


Page Actions

Summary

Program Group	Payment Month	Payment Type	Gross Benefit Amt.	Recoup Amt.	Eligibility Status	Authorization Status	Adverse Action Amt	Effective Begin Date	Effective End Date
Medical	2014/03	Initial	\$0.00	\$0.00	PASS	Pending	\$0.00	03/01/2014	03/31/2014
Medical	2014/04	Initial	\$0.00	\$0.00	PASS	Pending	\$0.00	04/01/2014	

Programs to be Authorized

☒ Medical Assistance

Detail

Issuance Type:

Pick-up Location:

Disposition Status:
 Approved

Issuance Method:




Supervisor Approval Requested:
☐ Yes ☒ No

Disposition Date:
 MM/DD/YYYY

Discontinuance Date:
 MM/DD/YYYY

Appeal/Cont Benes:

[Detail](#)
[Supervisor Action](#)
[Authorize](#)
[Claim](#)
[Reasons](#)
[Special Payments](#)
[Case Assignment](#)

- Add case comments using the template below.
- Hospitalized Offender Application Case Comment Template:

Example:

Received **Hospitalized Inmate Application** 02/24/2014.

Correctional Facility Application for (Name of applicant)

Hospital Admit and Discharge Dates:

HH of 1, Non Tax Filer, No earned/unearned income.

Approved MAGI Adult 02/2014 for month of hospitalization. Denied 03/2014 forward as client is incarcerated.

Your name or initials – County / MA SITE

The screenshot shows a web browser window titled "CBMS - Maintain Case Comments -- Webpage Dialog". The address bar displays "https://cbmsupa.state.co.us/CBMSIDEPit/ModalPopupPage.jsp". The page content is titled "Maintain Case Comments" and includes a breadcrumb trail: "1B8DMF7 - Doe, John (Open-03/10/2014, Alerts-0) - Programs, RRR Month:02/2015(MA)".

The "Detail" section contains the following fields:

- Type:** A dropdown menu with "State Comment" selected.
- Date:** A text field showing "03/10/2014 10:00 AM".
- Program Group:** A dropdown menu with "Medical Assistance" selected.
- Individual:** A dropdown menu with "xxzzDoe, zzJohn 29 880-11-12" selected.
- System Generated Comment:** A text area containing "xxzzDoe, zzJohn 29 880-11-1234 4694540".

Below the "System Generated Comment" field is a red asterisk followed by the text "Enter Comment:". Underneath this is a large text area for user input. At the bottom of the text area, it says "Current Size = 0 characters (4000 characters max.)".

Step 2 – Closure

This section outlines data entry guidance to close a case when client is discharged from the hospital.

- Go to Individuals Attribute page
- Change the Effective Begin Date to the first of the month after month of hospitalization
Example: Hospitalization = 01/14/2014-01/20/14, effective begin date should be entered as 02/01/2014)
- Update Living Arrangement to 'City/County Jail' or 'State/Federal Prison'
- Verification= Received
- Source= Written

Individual Attributes
1B8DMF7 – Doe, John (Open-03/10/2014, Alerts-0) – [Programs](#), RRR Month:02/2015(MA)

Detail
* Name: [xxzzDoe, zzJohn 29 880-11-1234 4694540]

Employment
* Effective Begin Date: [04/01/2014] Effective End Date: [MM/DD/YYYY]
FA Use Month: [12/2013] CW Use Month: [12/2013]
Job Attached: ☐ Yes ☒ No
Refused Work/Training: ☐ Yes ☐ No
Reason: []
Migrant/Seasonal Farm Worker: ☐ Yes ☐ No

Minor Applicant
Emancipated: ☐ Yes ☐ No Reason: [] Date Emancipated: [MM/DD/YYYY]
Verification: [] Source: []

Living Arrangement
Living with Relative: ☐ Yes ☐ No
Housing Situation: [] Verification (Housing Situation): [] Source (Housing Situation): []
Living Arrangement: [State/Federal Prison] * Verification (Living Arrangement): [Received.] * Source (Living Arrangement): [Written]

Health Care Information
Other Health Care Code: []
OHC Coverage Available to Individual: ☐ Yes ☐ No
OHC Coverage Available to the Individual at no cost: ☐ Yes ☐ No
Does the person have access to State of Colorado health insurance: ☐ Yes ☒ No
* Date Reported: [03/01/2014] * Date Verified: [03/01/2014] Good Cause Reason: []

- Run EDBC
- Case will fail
- Initiate Wrap up

Display Eligibility Summary
1B8DMF7 – Doe, John (Open-03/10/2014, Alerts-0) – [Programs](#), RRR Month:02/2015(MA)

Page Actions

*Case #: 1B8DMF7 *From Date: 04/2014 To Date: 04/2014

Summary

Program Group	Payment Month	Eligibility Status	Benefit Amount	Adverse Action Amount	Household Size	Eligibility Begin Date	Application Date
Medical Assistance	2014/04	FAIL			1		03/01/2014

Reason Verification Checklist Initiate Wrap up Individual Details

CBMS - UPA Version : PRD41.0.32

- Denial reason = Incarcerated


CBMS - Display Reasons -- Webpage Dialog
https://cbmsupa.state.co.us/CBMSIDEPlt/ModalPopupPage.jsp

Display Reasons
1B8DMF7 – Doe, John (Open-03/10/2014, Alerts-0) – [Programs](#), RRR Month:02/2015(MA)

Summary

Reason
Incarcerated

- Authorize Denial


Authorize Eligibility Program Benefit

\$
★
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💬
🖨️

1B8DMF7 – Doe, John (Open-03/10/2014, Alerts-0) – [Programs](#), RRR Month:02/2015(MA)

+

Page Actions

Summary

Program Group	Payment Month	Payment Type	Gross Benefit Amt.	Recoup Amt.	Eligibility Status	Authorization Status	Adverse Action Amt	Effective Begin Date	Effective End Date
Medical	2014/04	Regular	\$0.00	\$0.00	FAIL	Pending	\$0.00	04/01/2014	
Medical	2014/03	Initial	\$0.00	\$0.00	PASS	Authorized	\$0.00	03/01/2014	03/31/2014

Programs to be Authorized

☒ Medical Assistance

Detail

Issuance Type:

Issuance Method:

Discontinuance Date:

04/30/2014

Pick-up Location:

Supervisor Approval Requested:

Detail

Supervisor Action

Authorize

Claim

Reasons

Special Payments

Case Assignment

Scenario 2: Future Parolees

This section outlines data entry guidance to approve medical assistance for inmates that are being paroled in the near future.

- Application date= date received unless retro is requested
- Type= Initial/New
- Source= Select appropriate source
- Enter: Last Name, First Name, Middle Name, Gender, DOB, SSN and Language for offender.
- Contact Information= Use either case manager information if inmate has one or use individual's information

Applicant Information

Application

*Date: 03/01/2014

*Type: Initial/New

Input Date: 03/04/2014

*Source: Department of Correct

Location: MEDICAL ASSISTANCE SITES/MA

Applicant Details

*Last Name: Doe

*First Name: John

Middle Name:

Suffix:

*Gender: Male

DOB: 07/01/1984

SSN: 880-11-1234

Language

*Primary: English

*Written: English

Interpreter: ☐ Yes ☐ No

Contact Information

Primary: 719 226 4504 x

Type: Work

Secondary: x

Type:

E-mail Address: case.manager@state.co.us

- Complete the Ethnicity information
- Use appropriate address where individual can receive mail

Applicant Information

Home Address

Is The Applicant Homeless: ☐ Yes ☒ No

Is The Applicant's Home Address Permanent: ☒ Yes ☐ No

Address

☒ Delivery Address ☐ Rural Route Address ☐ PO Box Address ☐ General Delivery Address

Address Information

*Number: 2862

Suffix: Drive

Unit #:

*City: Colorado Springs

County:

Pre: South

Post:

Rural Route #:

*State: Colorado

In Care Of:

*Street Name: Circle

Unit Type:

PO Box:

*Zip: 80906 -4195

- Select YES for 'Mailing Address Same as Home Address'
- **Optional** - In the 'In Care Of' field- Add Correctional Facility Inmate number.

Applicant Information

Mailing Address

Mailing Address Same as Home Address: ☒ Yes ☐ No

County Office used as Mailing Address: ☐ Yes ☒ No

Office:

Address

☒ Delivery Address ☐ Rural Route Address ☐ PO Box Address ☐ General Delivery Address

Address Information

Number: 2862

Suffix: Drive

Unit #:

City: Colorado Springs

County:

Pre: South

Post:

Rural Route #:

State: Colorado

In Care Of: CDOC #123456

Street Name: Circle

Unit Type:

PO Box:

Zip: 80906 -4195

Address Clearance

- Follow the current clearance process to assign/create Client ID and State ID or select existing Client ID and State ID

Household Members \$ ★ ? ↻ 🔍 🗨️ 🖨️

7355150 – Doe, John (Unsigned,03/01/2014)

Summary

Name	SSN	DOB	Gender	Client ID	State ID
Doe, John	880-11-1234	07/01/1984	Male		

Detail + Add ↻

***Last Name:** ***First Name:** **Middle Name:** **Suffix:**

***Gender:** **DOB:** **SSN:**

Non-citizen Status: **Non-Citizen #:**


***Requesting Aid:** ☒ Yes ☐ No ***In the Home:** ☒ Yes ☐ No **Worker Protection Issue:** ☐ Yes ☐ No

Client ID: **State ID:**

➔
Clearance
Request State ID
⏮️ 🗑️ ⏭️

CBMS - UPA Version :PRD41.0.32

- Select Medical Assistance only

**Programs Requested**
7355150 – Doe, John (Unsigned,03/01/2014)

Programs Requested

☐ Adult Financial Assistance

☐ Disaster Food Stamps

☒ Medical Assistance

☐ Adult Protective Services

☐ Family Preservation

☐ NonMonetary Services

☐ Colorado Works

☐ Food Stamps

☐ Presumptive Eligible Medical



- Do not select anything in 'Special Indicators' page
- Complete Application Status page with date signed information

Application Status
7355150 – Doe, John (Unsigned,03/01/2014)

Status

*** Application Signature Status:**

- ☒ Signed
- ☐ Unsigned
- ☐ Refuse to Sign
- ☐ Signature on File
- ☐ Signature not Required

*** Signed Date:**
03/04/2014

Case Number:

Application Comments:

ABC

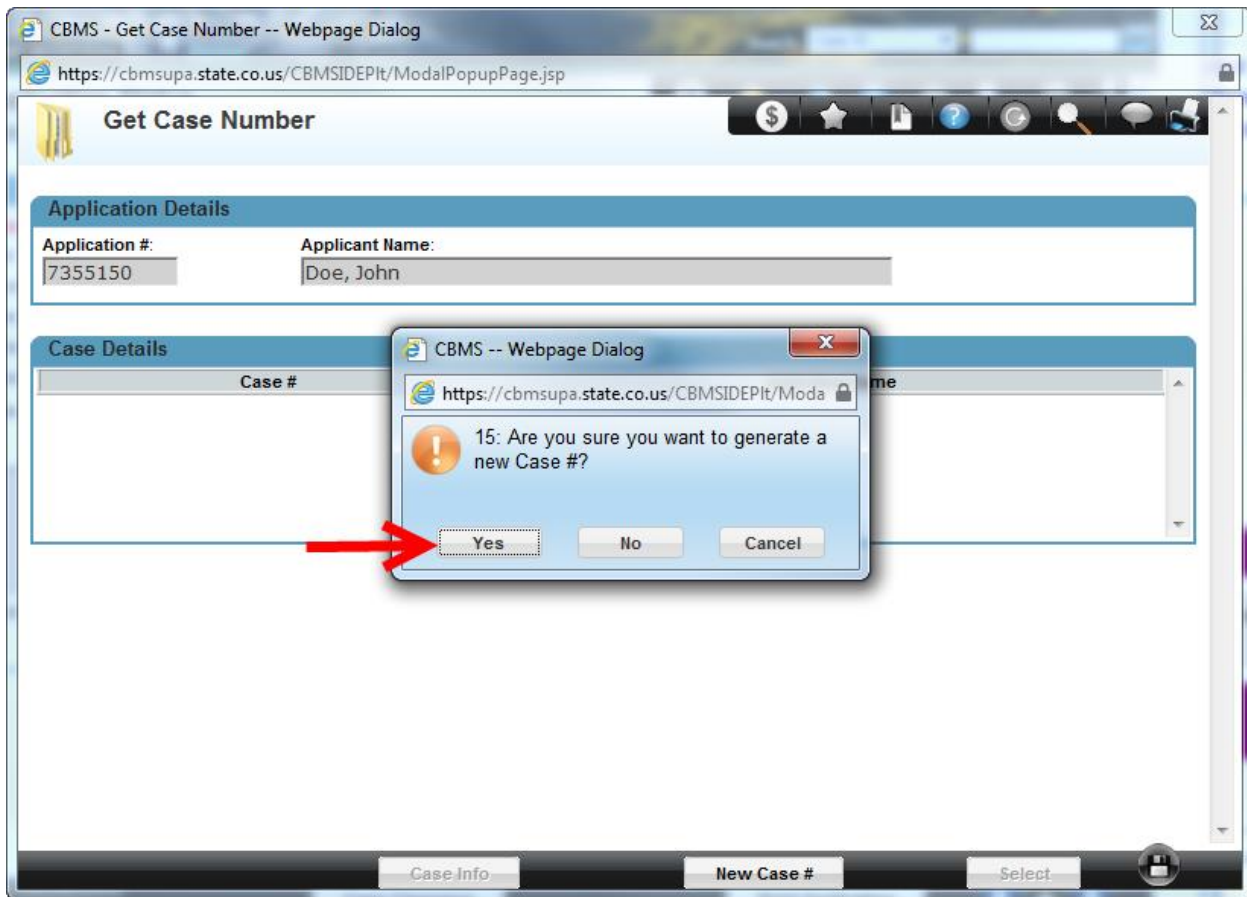
Current Size = 0 characters (256 characters max.)

Case Clearance


Print Application


CBMS - UPA
Version :PRD41.0.32

- Select Case Clearance- Create a new case.



- Continue to Interactive Interview

**Application Wrap Up**



7355150 – Doe, John (Signed,03/01/2014)

Summary

Program Group	Program Status	Due Date
Medical Assistance	Pending	04/15/2014


MSIDEPlt/LoginServlet#

Adult Protective Services

Authorized Rep

Case Assignment

Interactive Interview



CBMS - UPA

Version :PRD41.0.32



Initiate Queue

1B8DMF7 – Doe, John (Pending-03/01/2014, Alerts-0) – [Programs](#)



Case Mode:

- ☒ Intake
- ☐ Redetermination
- ☐ Periodic Reporting

Initiate Queue

☒ Medical Assistance




Initiate Queue



CBMS - UPA

Version :PRD41.0.32

- **Do not** select anything on the 'Case Questions' page unless the client is requesting retro coverage. If retro is requested, complete 'medical expenses' page.
- **Do not unselect** anything that was previously selected within 'Case Questions' page. End date records when applicable.


Case Questions

1B8DMF7 – Doe, John (Pending-03/01/2014, Alerts-0) – [Programs](#)

Questions

Is anybody in the case

☐ Pregnant

☐ Homeless

☐ Attending School

☐ Veteran or Dependents of a Veteran

☐ On strike

☐ In the military

☐ Been involved in an accident

☐ A fleeing felon or parole/probation violator

Does anybody have / received / need

☐ Absent/Deceased Parent

☐ Other Health Care Coverage

☐ Medical Condition/Disability

☐ Authorized Representative

☐ Sanctions/Non Compliance

☐ Sponsor

☐ Hardship

Financials

Does anybody own or has anybody disposed of resources:

☐ Yes ☒ No

Does anybody have income:

☐ Yes ☒ No

Does anybody have expenses:

☐ Yes ☒ No

Does the household have shelter expenses:

☐ Yes ☒ No

CBMS - UPA

Version :PRD41.0.32

- Complete 'Case Information' page
- 'Whereabouts Unknown' = no

Case Information
1B8DMF7 – Doe, John (Pending-03/01/2014, Alerts-0) – [Programs](#)

Case Information

***Effective Begin Date:** 12/01/2013 **Effective End Date:** MM/DD/YYYY

Case Name

***Last:** Doe ***First:** John **Middle:** **Suffix:**

***Head Of Household:** xxzzDoe, zzJohn 29 880-11-12 ***Applicant Name:** xxzzDoe, zzJohn 29 880-11-12

Language

***Primary:** English ***Written:** English

Telephone

Primary: 719 226 4504 x **Type:** Work **Secondary:** x **Type:**

Address Information

***Whereabouts Unknown:** ☐ Yes ☒ No **Reason:**

***Designated Case Addressee:** **E-mail:**

Record saved successfully

CBMS - UPA Version :PRD41.0.32

Payee Details

- Effective begin date= application date or retro date
- Birth Information- Verification = received
- Birth Information- Source = client statement (unless birth certificate or other acceptable doc was provided)

Individual Demographics

1B8DMF7 – Doe, John (Pending-03/01/2014, Alerts-0) – [Programs](#)

Effective Begin Date	Effective End Date	Last Name	First Name	SSN	State ID
12/01/2013		xxzzDoe	zzJohn	880-11-1234	O503858

Detail ➕ Add *

*Effective Begin Date: 12/01/2013 📅 Effective End Date: MM/DD/YYYY *FA Use Month: 03/2014

Name

*Last: xxzzDoe *First: zzJohn Middle: Suffix: ⌵

*Gender: Male ⌵ Homeless: ☐ Yes ☒ No

Birth Information

State: ⌵ County: ⌵

*Date: 07/01/1984 📅 Issue Date: MM/DD/YYYY 📅 *Verification: Received. ⌵ *Source: Client Statement ⌵

Clearance Address Prior Aid Identification Special Indicator SSI DRA 🔍 📄 🔄

CBMS - UPA Version :PRD41.0.32

- Citizenship Verified By-
- US Citizen= Yes (unless noted otherwise)
- Status= US Born (unless notes otherwise)
- Verification= received
- Source= client statement (unless birth certificate or other acceptable verification is provided)
- Acceptable Doc= **NO**
- Save the record.

Individual Demographics
1B8DMF7 – Doe, John (Pending-03/01/2014, Alerts-0) – [Programs](#)

SSN Details

SSN: 880-11-1234

* Verification: Received.

* Source: Client Statement

Applied: ☐ Yes ☐ No

Application Date: MM/DD/YYYY

Verification:

Source:

Attempted to Obtain: ☐ Yes ☐ No

Verification:

Source:

Good Cause Date: MM/DD/YYYY

Reason for not attempting to obtain SSN:

Citizenship Verified By

* US Citizen: Yes

* Status: US Born

* Verification: Received.

* Source: Client Statement

Qualified Non-Citizen: ☐ Yes ☐ No

Non-Citizen

* Acceptable Doc: ☐ Yes ☒ No

Confirmation: ☐ Yes ☐ No

Clearance: Address Prior Aid Identification Special Indicator SSI DRA

CBMS - UPA

Version :PRD41.0.32

- Complete 'Address' tab in 'Individual Demographics'

CBMS - Individual Address Details -- Webpage Dialog

https://cbmsupa.state.co.us/CBMSIDEPIt/ModalPopupPage.jsp

Individual Address Details

1B8DMF7 – xxzzDoe, zzJohn (Pending-03/01/2014, Alerts-0) – [Programs](#)

Effective Begin Date	Effective End Date	Type	Verification	Source	
12/01/2013		Home Address	Received.	Client Statement	✗
12/01/2013		Mailing Address	Received.	Client Statement	✗

Detail + Add *

*Effective Begin Date:

Effective End Date:

*Type:

Office:

*Verification:

*Source:

Same as Home Address: ☐ Yes ☐ No

Is This A Permanent Address: ☐ Yes ☐ No

Known Fraudulent Address: ☐ Yes ☐ No

Address

☐ Primary Address ☐ Dual Dwelt Address ☐ DN Rev Address ☐ General Delivery Address

- Complete the 'Identification' page using the data entry example below
- Select 'Check DMV'
- If 'DMV' did not update the record, and verification of identity is not provided, leave as 'client statement'


CBMS - Identification Details -- Webpage Dialog

https://cbmsupa.state.co.us/CBMSIDEPlt/ModalPopupPage.jsp

Identification Details

1B8DMF7 - xxzzDoe, zzJohn (Pending-03/01/2014, Alerts-0) - [Programs](#)


Detail Add *

*Effective Begin Date: 12/01/2013	Effective End Date: MM/DD/YYYY	CW Use Month: 12/2013
*Identification: <input checked="" type="radio"/> Yes <input type="radio"/> No	Photo: <input type="radio"/> Yes <input checked="" type="radio"/> No	
*Identification Type: Client Statement	*Acceptable Doc: <input type="radio"/> Yes <input checked="" type="radio"/> No	
*Issuing Agency: Colorado	ID Issue Date: MM/DD/YYYY	ID Expiration Date: MM/DD/YYYY
Driver's License/ID#: <input type="text"/>		
Check DMV 		
*Verification: Received.	*Source: Client Statement	Reason for not providing ID: <input type="text"/>

Identity Verified By

Eligibility Site: MEDICAL ASSISTANCE	Name: <input type="text"/>
*Date Reported: 03/01/2014	*Date Verified: 03/01/2014
Good Cause Reason: <input type="text"/>	

- Complete the 'Ethnicity' Page


Ethnicity

1B8DMF7 – xxzzDoe, zzJohn (Pending-03/01/2014, Alerts-0) – [Programs](#)

* Name:

xxzzDoe, zzJohn 29 880-11-1234 4694540

Ethnicity

☐ American Indian/Alaskan Native
☐ Asian
☐ Black/African American

☐ Hispanic/Latino
☐ Native Hawaiian/Other Pac Isl

☒ Other/Unknown
☐ White

American Indian/Alaskan Native Detail

Member of a Federally Recognized Tribe:

☐ Yes
☐ No

Tribe Name:

Tribe State:

Eligible to receive health services at an I/T/U:

☐ Yes
☐ No

Has received health services at an I/T/U:

☐ Yes
☐ No

Verification:

Source:

CBMS - UPA

Version: PRD41 0 32

HCPF Data entry for Incarcerated Individuals
Version 1.0
Release Date: March 2014

Page 48

- Complete the top portion of 'Case Individual'
- Effective begin date= application date or retro date
- Request date should match application or retro date
- Reason= Needs Medical Assistance
- Requesting Assistance= Yes

Case Individual

1B8DMF7 – xxzzDoe, zzJohn (Pending-03/01/2014, Alerts-0) – [Programs](#)

Effective Begin Date	Effective End Date	Program Group	Request Date	Requesting	Ancillary Member
12/01/2013		Medical Assistance	03/01/2014	Yes	

Program Requested Detail

*** Effective Begin Date:**
12/01/2013

Effective End Date:
MM/DD/YYYY

*** FA Use Month:**
12/2013

CW Use Month:
12/2013

Program Group:
Medical Assistance

*** Request Date:**
12/01/2013

*** Reason:**
Needs Medical Assista

*** Requesting Assistance:**
☒ Yes ☐ No

*** Ancillary Member:**
☐ Yes ☒ No

Medicaid Buy-In Opt In:
☐ Yes ☐ No

ELE:
☐ Yes ☐ No

ELE Opt In:
☐ Yes ☐ No

ELE Opt In Date:
MM/DD/YYYY

Benchmark Opt Out:
☐ Yes ☒ No

*** Date Reported:**
03/01/2014

Good Cause Reason:

CBMS - UPA
Version :PRD41.0.32

- Complete the bottom portion of 'Case Individual'
- Effective begin date= application date or retro date
- In home= Yes
- Verification= Received
- Source= Prisons
- 50%= Yes
- All Tax payer/filing questions= No

Case Individual
1B8DMF7 – xxzzDoe, zzJohn (Pending-03/01/2014, Alerts-0) – [Programs](#)

*Effective Begin Date: 12/01/2013		Effective End Date: MM/DD/YYYY
*FA Use Month: 12/2013		CW Use Month: 12/2013
*In Home: <input checked="" type="radio"/> Yes <input type="radio"/> No	*Verification (In Home): Received.	*Source (In Home): Prisons
Temporary Absence: <input type="radio"/> Yes <input type="radio"/> No	Reason for Absence: [Dropdown]	FA Start Month: MM/YYYY
Verification (Temporary Absence): [Dropdown]	Source (Temporary Absence): [Dropdown]	CW Start Month: MM/YYYY
Indian Commodity: <input type="radio"/> Yes <input type="radio"/> No	Indian Commodity Received Date: MM/DD/YYYY	
*This person receives at least 50% support from the household: <input checked="" type="radio"/> Yes <input type="radio"/> No	Applied for CW Elsewhere: <input type="radio"/> Yes <input type="radio"/> No	
Tax Payer: <input type="radio"/> Yes <input checked="" type="radio"/> No	Expects to be claimed as a tax dependent on someone else's tax return: <input type="radio"/> Yes <input checked="" type="radio"/> No	Living with both parents, but parents do not expect to file a joint return: <input type="radio"/> Yes <input checked="" type="radio"/> No
Expects to be claimed by a non-custodial parent?: <input type="radio"/> Yes <input checked="" type="radio"/> No		
*Date Reported: 03/01/2014	*Date Verified: 03/01/2014	Good Cause Reason: [Dropdown]

CBMS - UPA Version :PRD41.0.32

- Complete the 'Retro' Page- when retro is requested

Retro Information
1B8DMF7 – Doe, John (Pending-03/01/2014, Alerts-0) – [Programs](#)

Retro Programs Available

Application Date	Program Group
03/01/2014	Medical Assistance

Retro Summary

Month/Year	Program Group
Retro Detail * Month/Year: MM/YYYY	* Program Group: <input type="text"/>

CBMS - UPA Version :PRD41.0.32 Next Page

- Complete 'Individual Attributes' Page
- Effective being date = application date or retro date
- Job attached = no
- Living arrangement = City/County Jail or State/Federal Prison
- Verification= received
- Source= Written

Individual Attributes

1B8DMF7 – Doe, John (Open-04/30/2014, Alerts-0) – [Programs](#), RRR Month:02/2015(MA)

☐ Yes ☐ No

Verification: Source:

Living Arrangement

Living with Relative: ☐ Yes ☐ No

Housing Situation: Verification (Housing Situation): Source (Housing Situation):

Living Arrangement: State/Federal Prison *** Verification (Living Arrangement):** Received. *** Source (Living Arrangement):** Written

Health Care Information

Other Health Care Code:

OHC Coverage Available to Individual: ☐ Yes ☐ No

OHC Coverage Available to the Individual at no cost: ☐ Yes ☐ No

Does the person have access to State of Colorado health insurance: ☐ Yes ☒ No

*** Date Reported:** 03/01/2014 *** Date Verified:** 03/01/2014 **Good Cause Reason:**

MSIDEPlt/LoginServlet#2 CBMS - UPA Version :PRD41.0.32

- Complete 'Individual Residency' page
- Effective begin date= application date or retro date
- CO Resident= yes
- County of Residence= ~~El Paso (CDC's Headquarters)~~
- Date reported= application date

Individual Residency
1B8DMF7 – Doe, John (Pending-03/01/2014, Alerts-0) – [Programs](#)

Detail Add *

*** Name:**
xxzzDoe, zzJohn 29 880-11-12

*** Effective Begin Date:** 12/01/2013 Effective End Date: MM/DD/YYYY

*** FA Use Month:** 12/2013 CW Use Month: 12/2013

*** CO Resident:** ☒ Yes ☐ No * County of Residence: EL PASO

Date Arrived in State: MM/DD/YYYY Date Arrived in County: MM/DD/YYYY

Planning to Leave CO for More than 30 days: ☐ Yes ☐ No

Out of State

Departure Date: MM/DD/YYYY Expected Return Date: MM/DD/YYYY

Actual Return Date: MM/DD/YYYY Reason:

Verification: Out of Country: ☐ Yes ☐ No

*** Date Reported:** 03/01/2014 Source:

Date Verified: MM/DD/YYYY Good Cause Reason:

CBMS - UPA Version :PRD41.0.32

- Do not complete LTC Institution or LTC Level of Care pages unless applicable.
- Ensure you do not have any data conflicts
- Complete 'Case Wrap Up' page
- Save Record and run EDBC

Case Wrap Up
1B8DMF7 – Doe, John (Pending-03/01/2014, Alerts-0) – [Programs](#)

Signatures

*** Signed Statement of Facts:**
☒ Yes ☐ No
*** Date Signed:** 03/01/2014
 Print SOF

*** Signed Rights and Responsibilities:**
☒ Yes ☐ No
*** Date Signed:** 03/01/2014

Signed Estate Recovery Agreement:
☐ Yes ☐ No
Date Signed: MM/DD/YYYY

Case Wrap Up Summary

Program Group	Data Entry Complete	Effective Begin Date
Medical Assistance	Yes	03/06/2014

Case Wrap Up Detail

*** Effective Begin Date:** 03/06/2014
*** Program Group:** Medical Assistance
*** Data Entry Complete:** ☒ Yes ☐ No

Record saved success
 VMSIDEpit/LoginServlet#2
 RRR Checklist
 Medical Verifications
 Run EF/WFD Referral
 Data Conflicts
 Additional Information
 CBMS - UPA
 Version : PRD41.0.32
 Save Page

- Run EDBC

Run EDBC

1B8DMF7 – Doe, John (Pending-03/01/2014, Alerts-0) – [Programs](#)

Case Data Changes

Sele	Change Effective Dates	Window Name/Program ID	Update User/Program ID	Update Datetime
<input type="checkbox"/>	12/01/2013	Individual Attributes	LaCombe, Antoinette L	03/06/2014 03:13 PM
<input type="checkbox"/>	03/06/2014	Case Wrap Up	LaCombe, Antoinette L	03/06/2014 03:17 PM
<input type="checkbox"/>	03/01/2014	Case Wrap Up	LaCombe, Antoinette L	03/06/2014 03:17 PM
<input type="checkbox"/>	03/06/2014	Case Wrap Up	LaCombe, Antoinette L	03/06/2014 03:17 PM
<input type="checkbox"/>	12/01/2013	Case Information	LaCombe, Antoinette L	03/06/2014 02:18 PM
<input type="checkbox"/>	12/01/2013	Case Individual	LaCombe, Antoinette L	03/06/2014 03:00 PM
<input type="checkbox"/>	12/01/2013	Case Individual	LaCombe, Antoinette L	03/06/2014 03:00 PM
<input type="checkbox"/>	12/01/2013	Individual Address Details	LaCombe, Antoinette L	03/06/2014 02:27 PM
<input type="checkbox"/>	12/01/2013	Individual Address Details	LaCombe, Antoinette L	03/06/2014 02:27 PM

Select All

Initiate Case Changes Queue

Run EDBC

Earliest EDBC Begin Month:

03/2014

EDBC End Month:

04/2014

FS Run Date:

MM/DD/YYYY

Default EDBC Begin Month:

03/2014

Cash Run Date:

MM/DD/YYYY

Run EDBC

CBMS - UPA

Version: PRD41 0.32

- Case will fail
- Initiate Wrap up

Display Eligibility Summary
1B8DMF7 – Doe, John (Open-04/30/2014, Alerts-0) – [Programs](#), RRR Month:02/2015(MA)

Page Actions


*Case #: 1B8DMF7 *From Date: 03/2014 To Date: 04/2014 **Load**

Summary

Program Group	Payment Month	Eligibility Status	Benefit Amount	Adverse Action Amount	Household Size	Eligibility Begin Date	Application Date
Medical Assistance	2014/03	FAIL			1		03/01/2014
Medical Assistance	2014/04	FAIL			1		03/01/2014

Reason **Verification Checklist** **Initiate Wrap up** **Individual Details**

CBMS - UPA Version :PRD41.0.32



- Select 'All' under display
- Start Queue

Initiate Wrap Up
1B8DMF7 – Doe, John (Pending-03/01/2014, Alerts-0) – [Programs](#)

Page Actions



Display

Display: ☒ All ☐ Selected

Summary

Select	Screen Name
<input type="checkbox"/>	Display Individual Eligibility Summary
<input type="checkbox"/>	Display Non-Financial Eligibility Summary
<input type="checkbox"/>	Display Medical Financial Eligibility Program List
<input type="checkbox"/>	Authorize Eligibility Program Benefit

Start Queue

- Eligibility Result= FAIL

Display Individual Eligibility Summary
 1B8DMF7 – Doe, John (Open-04/30/2014, Alerts-0) – [Programs](#), RRR Month:02/2015(MA)

Page Actions

Payment Month:
 03/2014

Medical Assistance

Summary

Individual	Participation Status	Eligibility Result	Begin Date	Program	Limited to EMS	Fundi Sour
xxzDoe, zzJohn 29 880-11-	Ineligible -	FAIL		MAGI Adult		

Companion Cases Reason

- Denial reason = Incarcerated

Display Reasons
 1B8DMF7 – Doe, John (Open-03/10/2014, Alerts-0) – [Programs](#), RRR Month:02/2015(MA)

Summary

Reason

Incarcerated

- Select 'Details' and verify that client does not have income counting in wrap up. The individual should be listed as a HH of one, Non- Tax Filer, with zero income or resources.

Display Medical Financial Eligibility Program List
1B8DMF7 – xxzzDoe, zzJohn (Pending-03/01/2014, Alerts-0) – [Programs](#)

Page Actions

Payment Month:

Summary

Program	Category	MBU #	Target Individual
MAGI Adult	Adult	01	xxzzDoe, zzJohn 29 880-11-

MBU Participation Summary

MBU Member	Participation Status
xxzzDoe, zzJohn 29 880-11-1234 4694540	Eligible Adult

Detail

- Authorize Denial

Authorize Eligibility Program Benefit
1B8DMF7 – Doe, John (Open-04/30/2014, Alerts-0) – [Programs](#), RRR Month:02/2015(MA)

Page Actions

Summary

Program Group	Payment Month	Payment Type	Gross Benefit Amt.	Recoup Amt.	Eligibility Status	Authorization Status	Adverse Action Amt	Effective Begin Date	Effective End Date
Medical	2014/03	Regular	\$0.00	\$0.00	FAIL	Pending	\$0.00	03/01/2014	03/31/2014
Medical	2014/04	Regular	\$0.00	\$0.00	FAIL	Pending	\$0.00	04/01/2014	

Programs to be Authorized

☒ Medical Assistance

Detail

Issuance Type:

Issuance Method:

Discontinuance Date:

Pick-up Location:

Supervisor Approval Requested:

Detail **Supervisor Action** **Authorize** **Claim** **Reasons** **Special Payments** **Case Assignment**

- Add case comments using the template below.
- Paroled Offender Application Case Comment Template:

Example:

Received **Paroled Offender Application** 02/24/2014.

Correctional Facility Application for (Name of applicant)

Parole date:

HH of 1, Non Tax Filer, No earned/unearned income.

Approved MAGI Adult 03/2014 for month of release.

Your name or initials- County/MA Site

The screenshot shows a web browser window titled "CBMS - Maintain Case Comments -- Webpage Dialog". The address bar displays "https://cbmsupa.state.co.us/CBMSIDEPlt/ModalPopupPage.jsp". The page header includes "Maintain Case Comments" and "1B8DMF7 - Doe, John (Open-03/10/2014, Alerts-0) - Programs, RRR Month:02/2015(MA)".

The main content area is divided into two columns. The left column contains a "Detail" section with the following fields:

- Type:** A dropdown menu with "State Comment" selected.
- Date:** A text field showing "03/10/2014 10:00 AM".
- System Generated Comment:** A large text area.

The right column contains the following fields:

- Program Group:** A dropdown menu with "Medical Assistance" selected.
- Individual:** A dropdown menu with "xxxxDoe, zzJohn 29 880-11-12" selected.
- System Generated Comment:** A large text area.

Below the "System Generated Comment" fields, there is a red asterisk followed by the text "Enter Comment:". Below this is a large text area for entering a comment. At the bottom of the text area, it says "Current Size = 0 characters (4000 characters max.)".

- Rescind Case
- Select Medical Assistance
- Rescission Reason = Good Cause
- Save Record

CBMS
COLORADO BENEFITS MANAGEMENT SYSTEM

Search Case ID 1B8DMF7 GO

Rescind
1B8DMF7 – Doe, John (Closed-04/30/2014, Alerts-0) – [Programs](#)

Authorization

- Authorize Eligibility
- Program Benefit
- Authorize Special Payment
- Capture Timely Notice Waiver Information
- Display CHP+ Enrollment Fee Detail
- Perform Supervisory Authorization
- Perform Supervisory Review
- Supervisory Authorization/Review Response
- Rescind**
- Authorization Security
- Maintain Transaction Sampling Profile

Medicaid Buy-In

Summary

- Premium Summary
- Payment/Refund Search

Summary

Select	Program Group	Action Date	Rescission Reason	Program Status
<input checked="" type="checkbox"/>	Medical Assistance	04/30/2014		Discontinued


Detail

Rescission Reason:
Good Cause

CBMS - UPA Version :PRD41.0.32

Rescind

- Return to 'Individual Attributes' in Interactive Interview
- Change effective begin date to release/parole date.
- Living arrangement = supervised shelter
- Verification = Received
- Source = Written
- Save record
- Run EDBC


Individual Attributes

1B8DMF7 – Doe, John (Closed-04/30/2014, Alerts-0) – [Programs](#)

Add *

***Name:**
xxzzDoe, zzJohn 29 880-11-1234 4694540

Employment

***Effective Begin Date:**
04/15/2014

Effective End Date:
MM/DD/YYYY

FA Use Month:
03/2014

CW Use Month:
04/2014

Job Attached:
☐ Yes ☒ No

Refused Work/Training:
☐ Yes ☐ No

Reason:

Migrant/Seasonal Farm Worker:
☐ Yes ☐ No

Minor Applicant

Emancipated:
☐ Yes ☐ No

Reason:

Date Emancipated:
MM/DD/YYYY

Verification:

Source:

Living Arrangement

Living with Relative:
☐ Yes ☐ No

Housing Situation:

Verification (Housing Situation):

Source (Housing Situation):

Living Arrangement:
Supervised Shelter

***Verification (Living Arrangement):**
Received.

***Source (Living Arrangement):**
Written

Health Care Information

Other Health Care Code:

OHC Coverage Available to Individual:
☐ Yes ☐ No

OHC Coverage Available to the Individual at no cost:
☐ Yes ☐ No

Does the person have access to State of Colorado health insurance:
☐ Yes ☒ No

***Date Reported:**
03/01/2014

***Date Verified:**
03/01/2014

Good Cause Reason:

- Month of incarceration will fail
- Month of release/parole will pass
- Check 'verification checklist' – add notes if verification checklist is being submitted
- Initiate Wrap up

Display Eligibility Summary
1B8DMF7 – Doe, John (Open-04/30/2014, Alerts-0) – [Programs](#), RRR Month:02/2015(MA)

Page Actions

*Case #: 1B8DMF7 *From Date: 03/2014 To Date: 04/2014 **Load**

Summary

Program Group	Payment Month	Eligibility Status	Benefit Amount	Adverse Action Amount	Household Size	Eligibility Begin Date	Application Date
Medical Assistance	2014/03	FAIL			1		03/01/2014
Medical Assistance	2014/04	PASS			1	04/01/2014	03/01/2014

Reason **Verification Checklist** **Initiate Wrap up** **Individual Details**

- Select 'All' under display
- Start Queue

Initiate Wrap Up
1B8DMF7 – Doe, John (Pending-03/01/2014, Alerts-0) – [Programs](#)

Page Actions

Display

Display: ☒ All ☐ Selected

Summary

Select	Screen Name
<input type="checkbox"/>	Display Individual Eligibility Summary
<input type="checkbox"/>	Display Non-Financial Eligibility Summary
<input type="checkbox"/>	Display Medical Financial Eligibility Program List
<input type="checkbox"/>	Authorize Eligibility Program Benefit

Start Queue

- Eligibility Result= Pass MAGI Adult for month of Release/Parole

Display Individual Eligibility Summary 1B8DMF7 – Doe, John (Open-04/30/2014, Alerts-0) – [Programs](#), RRR Month:02/2015(MA)

Page Actions

Payment Month:

Medical Assistance

Summary

Individual	Participation Status	Eligibility Result	Begin Date	Program	Limited to EMS	Fund Source
xxzzDoe, zzJohn 29 880-11-	Eligible	PASS	04/01/2014	MAGI Adult		

Companion Cases **Reason**

Display Medical Financial Eligibility Program List 1B8DMF7 – xxzzDoe, zzJohn (Open-04/30/2014, Alerts-0) – [Programs](#), RRR Month:02/2015(MA)

Page Actions

Payment Month:

Summary

Program	Category	MBU #	Target Individual
MAGI Adult	Adult	01	xxzzDoe, zzJohn 29 880-11-

MBU Participation Summary

MBU Member	Participation Status
xxzzDoe, zzJohn 29 880-11-1234 4694540	Eligible Adult

Detail

- Select 'Details' and verify that client does not have income counting in wrap up. The individual should be listed as a HH of one, Non- Tax Filer, with zero income or resources.

Display Medical Financial Eligibility Program List
1B8DMF7 – xxzzDoe, zzJohn (Open-04/30/2014, Alerts-0) – [Programs](#), RRR Month:02/2015(MA)

Page Actions

Payment Month:
04/2014

Summary

Program	Category	MBU #	Target Individual
MAGI Adult	Adult	01	xxzzDoe, zzJohn 29 880-11-

MBU Participation Summary

MBU Member	Participation Status
xxzzDoe, zzJohn 29 880-11-1234 4694540	Eligible Adult

Detail

- Authorize Medical

Authorize Eligibility Program Benefit
1B8DMF7 – Doe, John (Open-04/30/2014, Alerts-0) – [Programs](#), RRR Month:02/2015(MA)

Page Actions

Summary

Program Group	Payment Month	Payment Type	Gross Benefit Amt.	Recoup Amt.	Eligibility Status	Authorization Status	Adverse Action Amt	Effective Begin Date	Effective End Date
Medical	2014/03	Regular	\$0.00	\$0.00	FAIL	Pending	\$0.00	03/01/2014	03/31/2014
Medical	2014/04	Regular	\$0.00	\$0.00	PASS	Pending	\$0.00	04/01/2014	

Programs to be Authorized

☒ Medical Assistance

Detail

Issuance Type:

Issuance Method:

Discontinuance Date: 03/31/2014

Pick-up Location:

Supervisor Approval Requested:

Detail **Supervisor Action** **Authorize** **Claim** **Reasons** **Special Payments** **Case Assignment**